



PRAMS and... Postpartum Contraception

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Why is postpartum contraception important?¹

- Women who have closely spaced pregnancies are more likely to experience poor birth outcomes, such as having a low birth weight baby or delivering a baby too early. Researchers have found that health risks increase significantly if the interval between the end of one pregnancy and the beginning of another is less than 18 months.
- Since PRAMS surveys women within this 18 month interval, ideally all participants should be using an effective form of postpartum contraception.

What is NE PRAMS?

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. NE PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC). It is an initiative to reduce infant mortality and low birth weight and was developed to supplement vital records data by providing state-specific data to be used for planning and evaluating perinatal health programs. The data presented in this fact sheet reflect live births of Nebraska mothers during the years of 2004-2007.

How is postpartum contraception measured in PRAMS?

- PRAMS asks new mothers the question: Are you or your husband or partner doing anything *now to keep from getting pregnant*? Some things people do include not having sex at certain times, or rhythm; withdrawal; and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.
- Women who responded **yes** to this question are considered to be using contraception regardless of the method(s) used.

Quick Facts 2004-2007:

Are new mothers in NE using postpartum contraception?

86% reported using some form of postpartum contraception.

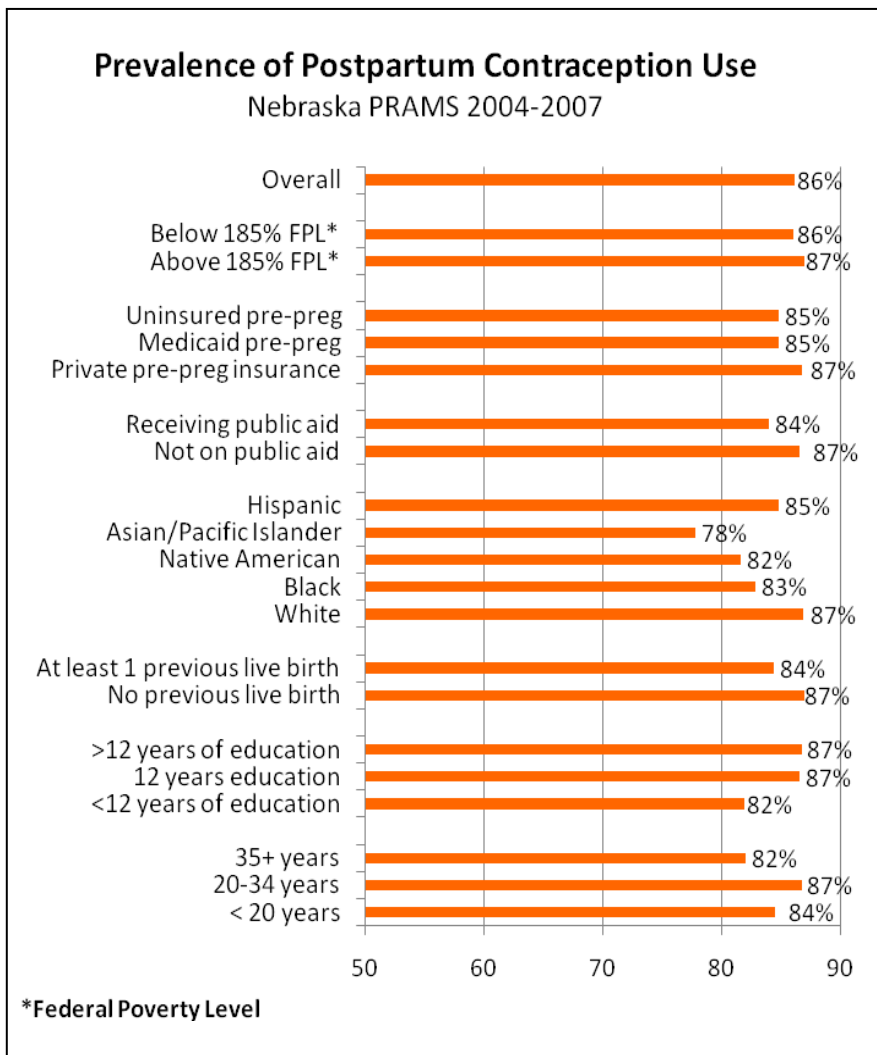
What are the most common methods?

Of the women using postpartum contraception, birth control pills, condoms, and withdrawal were the most commonly reported postpartum contraception methods.

Why aren't some women using postpartum contraception?

Not having sex, didn't want to use contraception, and wanting to be pregnant were the most commonly cited reasons for not using any form of postpartum contraception.

How does postpartum contraception use vary among new mothers in Nebraska?



What factors affect postpartum contraception use?

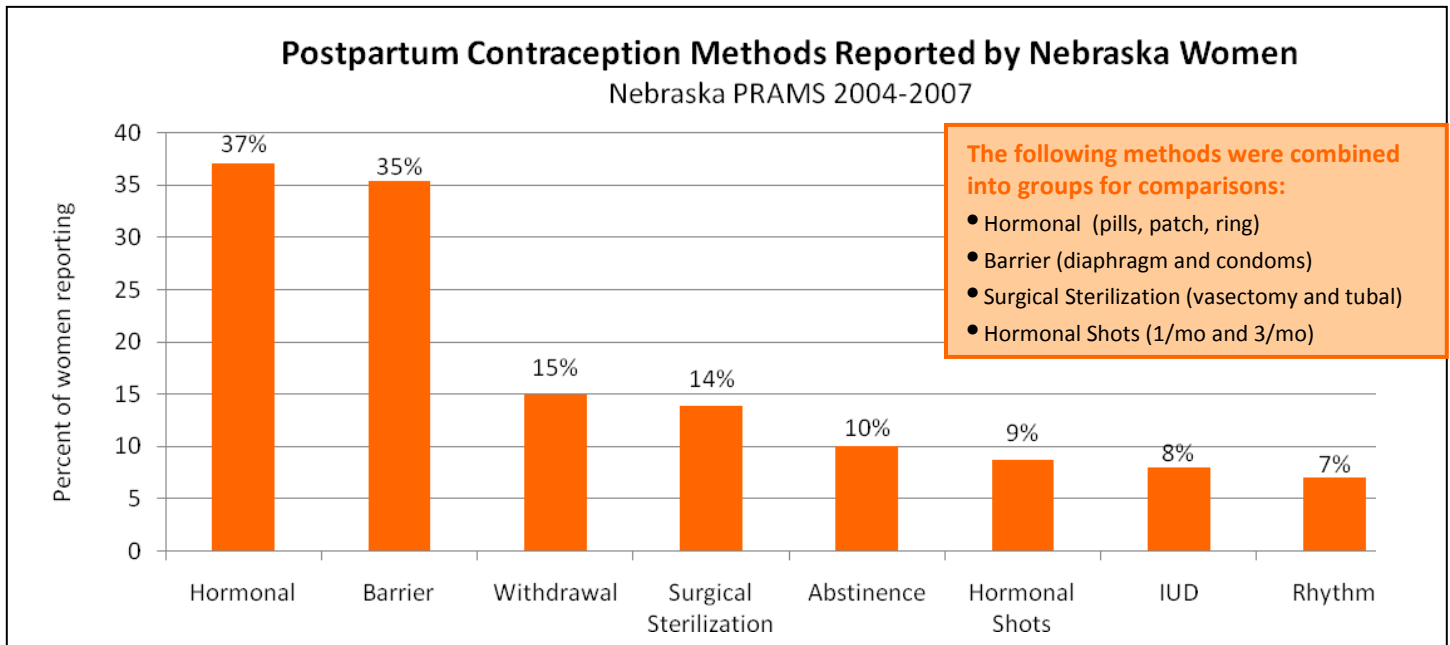
- Mothers who reported that their healthcare provider discussed postpartum contraception during prenatal care visits were more likely to use postpartum contraception than women who did not have the discussion during prenatal care.
- New mothers who reported using contraception at the time of their pregnancy were more likely to use postpartum contraception than women who were not using contraception at the time of their pregnancy.
- Women who reported that their pregnancy was not intended were more likely to use postpartum contraception than women who reported that their pregnancy was intended.

Who are more likely to use postpartum contraception (Nebraska PRAMS 2004-2007)*?

- New mothers who are younger than 35 were more likely to use postpartum contraception than mothers 35 and older.
- New mothers who have at least a high school education were more likely to use postpartum contraception than new mothers who have not graduated from high school.
- Mothers who are living above 185% of the Federal Poverty Level (FPL) were more likely to use postpartum contraception than women who live below 185% of the FPL.
- Mothers who had no previous live births were more likely to use postpartum contraception than mothers who had at least one previous live birth.
- White mothers were more likely to use postpartum contraception than Black, Native American, Asian/Pacific Islander, and Hispanic mothers.

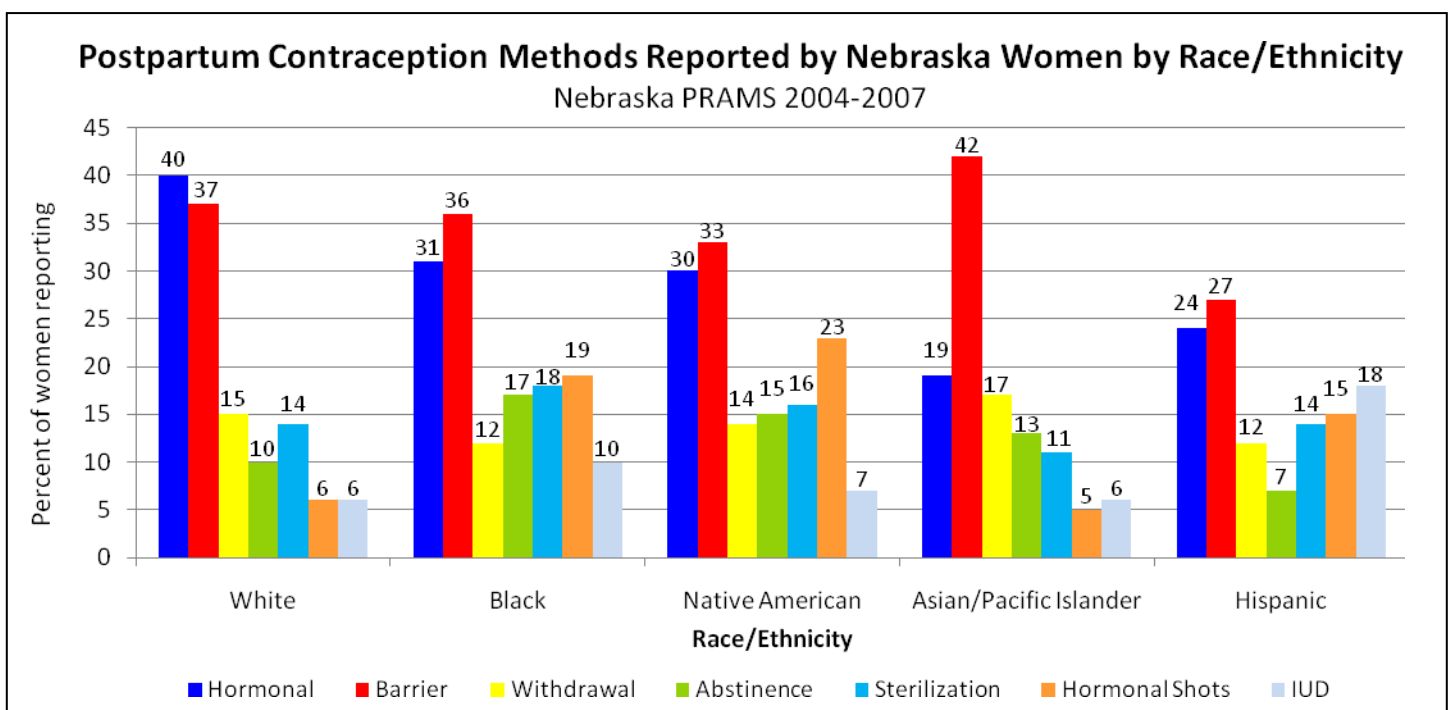
*Postpartum contraception use is self reported. All comparisons are based on bivariate analysis and are statistically significant (alpha = 0.05).

What methods of postpartum contraception are being used among new mothers?

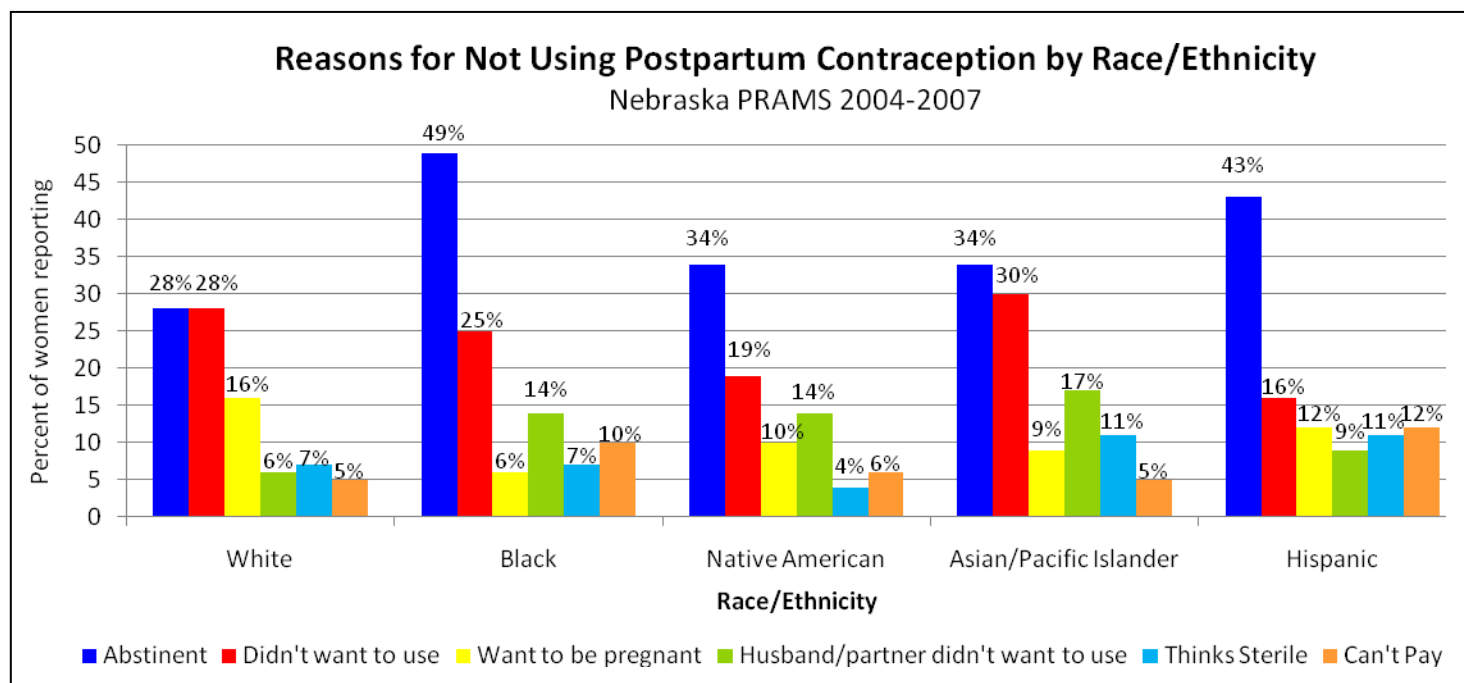
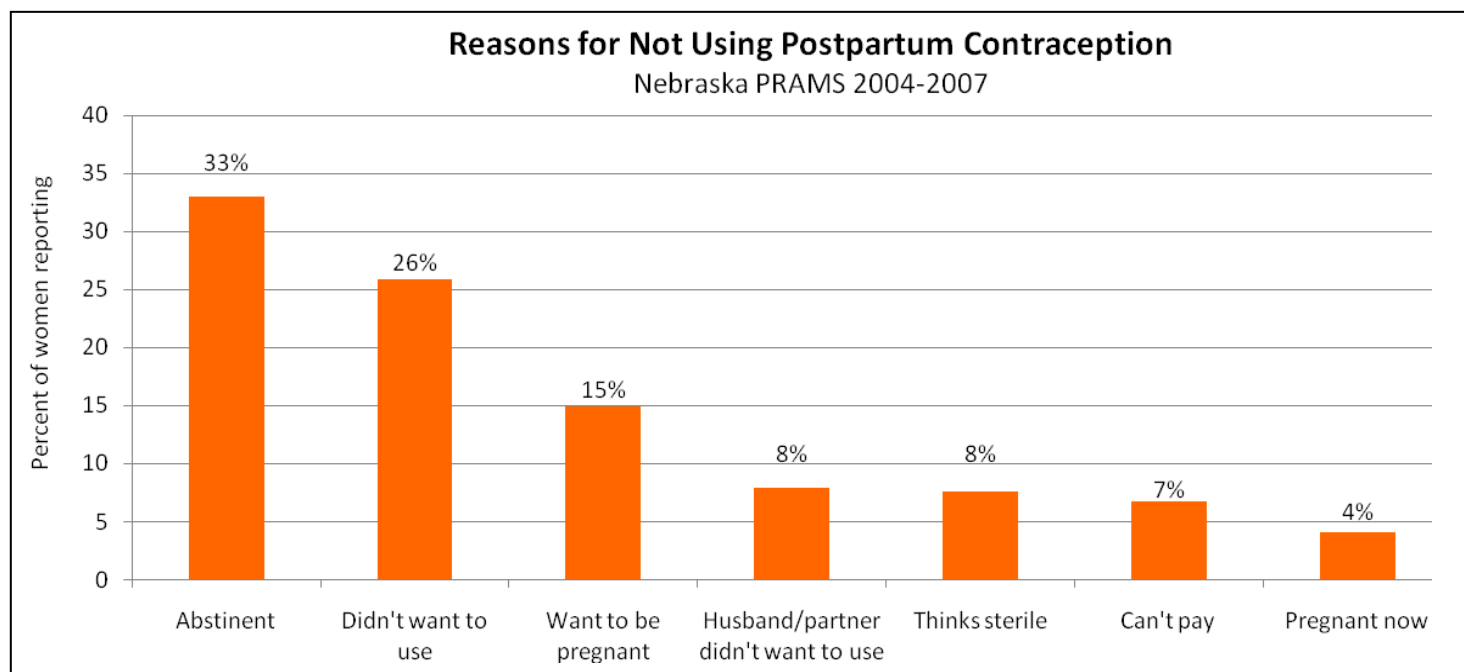


How do methods used vary by demographic factors?

- Teens (<20) were more likely to use hormonal, hormonal shots, and barrier methods than women age 20 and over, while women age 20 and over were more likely than teens to use sterilization methods. There was not a statistically significant difference in the withdrawal, abstinence, rhythm or IUDs.
- Mothers living above 185% of the FPL were more likely to use hormonal and barrier methods than women living below 185% of the FPL. Mothers living below 185% of the FPL were more likely to use sterilization, IUDs, and hormonal shots. There was not a statistically significant difference by income in the use of withdrawal, abstinence or rhythm methods.
- Racial/ethnic differences are described in the chart below.



Why are some new mothers not using any contraception?



Reference

1. Conde-Agudelo A; Rosas-Bermudez A; Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA. 2006 Apr 19;295(15):1809-23.

Acknowledgements

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For more information about NE PRAMS or other PRAMS data please contact Brenda Coufal, PRAMS Coordinator at (402) 471-9044 or brenda.coufal@nebraska.gov www.dhhs.ne.gov/prams/

